



Cheesekid Mandela Day in partnership with

INDEMNITY DOCUMENT (ADULTS)



1. I, _____ (ID NUMBER) _____ the undersigned: in my personal capacity as a major adult over the age 18 years (“**the Indemnity Grantor**”) and pursuant to my participation in the Cheesekids Mandela Day in proud partnership with Old Mutual Mandela Day Activities (“**the Activities**”), do hereby acknowledge, agree and undertake in favour of Cheesekids for Humanity (“CKH”) and its employees, volunteers, affiliates, agents, contractors, partners, and sponsors (“**the Indemnified Persons**”) that:
 - 1.1 The activities may involve hazardous activities and the Indemnity Grantor fully accepts all the risks associated herewith.
 - 1.2 The Indemnity Grantor hereby releases the Indemnified Persons from all liability and holds each and all of the Indemnified Persons harmless against all claims, damages, injuries, losses, deaths, expenses and liabilities arising out of or in any way connected with participating in the Activities, including without limitation:
 - 1.2.1 any personal injury or loss of life;
 - 1.2.2 any loss of support, maintenance or other claims arising from or connected with any personal injury or loss of life to the Indemnity Grantor; and
 - 1.2.3 any loss or damage to clothing or property belonging to the indemnity grantor or any other third party which may occur whilst the Indemnity Grantor is participating in the Activities, whether arising out of strict liability, statute or otherwise, and whether caused by the negligence or gross negligence on the part of the Indemnified Persons or any other person or otherwise.
 - 1.3 Each of the clauses of this Indemnity Document is independent and severable from all the other clauses.
 - 1.4 This indemnity shall commence at the time of entrance into the main site of the Activities and/or any of the premises where the Activities take place, and shall remain in force for the entire period of participation and/or presence at any of the premises where the Activities are taking place.
 - 1.5 **My Personal Details are as follows:**
 - 1.5.1 name of next of kin: _____;
 - 1.5.2 contact details of next-of-kin: _____;
 - 1.5.3 known medical condition / ailments / allergies:

_____;
 - 1.6 Failure to compete / sign this Indemnity Document will result in my ineligibility to participate in the Activities.
 - 1.7 Certify that the information provided in this form is accurate and complete and acknowledge that any false information may result in legal proceedings being taken against me.
 - 1.8 Have read and understand the contents of this Indemnity Document and agree to be legally bound by it.

Signed at _____ on this the _____ DAY of _____ 2011

SIGNATURE OF INDEMNITY GRANTOR: _____